

THE LOUISVILLE MEDICAL NEWS:

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H. A. COTTELL, M.D., Editor.

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THE
LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÆ."

SATURDAY, APRIL 5, 1884.

Original.

RAIMENT OF WOMEN AND CHILDREN.*

BY F. J. VAN VORHIS, M.D., LL.B.

Mr. President, As a matter of self preservation and as a matter of business no State can afford to allow its people to remain in ignorance. Ignorance is both dangerous and expensive. Vice and disease are the certain results and both are dangerous and both are expensive. Ignorance, vice, and disease belong to the same family. They are blood relations.

Whatever may be the causative relation between them this much is certainly settled, that the most potent element in every reformation is knowledge and the surest safeguard against disease is information.

The power of knowledge to reform can be fully manifested only when it breaks in upon the mind of the individual to be reformed. So information, to be fully effective as a preventive of disease, must reach the individual members of society.

No effort to preserve the public health will be attended with any great degree of success that does not include first the consideration and the solution of the question, How is the information upon which the prevention of disease and the preservation of health depends to be carried into every household in the State, whether residing in the most palacious mansion or in the humblest cottage? To insure success, such an educational undertaking must be under the authority, and supported by the power, of the State. The work of the State Board of Health should be primarily and principally educational.

This was the thought in mind when the bill for its creation was drafted. This was

*Read before the State Sanitary Society, at Seymour, Indiana.

the basis of most of the arguments made for the passage of such a law. But I confess to considerable disappointment, that since the enactment of the law and the appointment of a Board this object has, to all appearance, been lost sight of almost entirely.

I have not one word to say against the propriety and advisability of the collection of vital statistics. They will be valuable, and the collection of them ought, if possible, to be kept up: I do, however, say, that if the State Board of Health can not do this work, and at the same time do something in the direction of public education, the collection of vital statistics had better be discontinued altogether.

A recluse who, for the love of it, merely, spends his entire time in making investigations for the purpose of acquiring knowledge, but who in no way uses what he acquires for the benefit of others, is no more to be admired than a miser hoarding his gold, and is less excusable.

The humblest individual who has come into the possession of a few useful facts, and who uses the knowledge for the benefit of those about him, is of more value to society and the State than the wisest philosopher shut up in his study with no thought of the world without. The people need information now. They want knowledge that is available for present use.

Much valuable knowledge that may be available for sanitary purposes may no doubt be deduced from the statistics that are now being collected. But there is quite a large stock of useful information on hand that we have inherited, which, if properly disseminated, will be of incalculable public benefit. What we want just at this time is not so much to get more, but to use what we have. What we want now is not so much astounding scientific investigations and revelations as more practical teaching of the simplest elementary princi-

ples to the people who do not know of them.

Why not begin now to think about how to give those who need it the benefit of what is already known? Shall we go on indefinitely, generation after generation, collecting statistics and increasing knowledge and imparting nothing, giving nothing from our store except what leaks out or slops over? Statistics collected and stored away in annual reports that are read by very few are very much like buried treasures. Some time in the future somebody may dig them up accidentally and put them in circulation.

Still it is not out of place—it is right that such work should be done, and the work properly belongs to the State Board of Health; but I have more than once regretted that in the preparation of that bill I did not leave the provision for a bureau of vital statistics entirely out of it. If all the time of the Board is to be consumed and all its resources are to be exhausted in this department, it will be a continued cause for regret. Learned discussions, elaborate scientific investigations concerning the cause of this or that disease, well-written papers upon the topography of the country, and statistical tables are all very well and valuable, but when such work is done to the exclusion of practical teaching they become a positive evil.

I would not have you understand me as saying that the State Board has done nothing but collect vital statistics. It has done much by the simple exercise of its power in controlling epidemics, particularly of small-pox. It has done quite sufficient in this alone to justify its existence. But the exercise of the authority given it by the State has been, and is, often barren of good results because of the want of knowledge of those upon whom it is exercised.

What I mean to say is, that there has yet been no well-defined effort made to educate the public. To make the work of the State Board of Health effective, as it ought to be in the exercise of its power simply it must have the co-operation of the public. That co-operation will never be secured until there is more general knowledge concerning the laws of health than now exists.

It is a deplorable fact, but it is a fact, that concerning these matters there is greater ignorance than concerning almost any thing else connected with every-day practical life.

Did you ever note the fact that there are more humbugs labeled "medical" than all other business deceptions combined? If

you have noted it, have you ever stopped to consider why it is so?

The explanation is very simple. Ignorance concerning matters pertaining to health and disease comes nearer being universal than concerning almost any thing else. Ignorance is the soil where humbugs are indigenous. The nearer universal the ignorance the more numerous will be the deceptions it invites and the more luxuriantly will they flourish.

In nothing upon which our physical welfare depends is the want of general information and the necessity for instruction more distinctly manifested than in the selection and preparation of food, and in the way at least three fourths of the people dress themselves.

When I received the kind invitation from the chairman of your committee to be present at this meeting, and if possible, present a paper upon some appropriate subject, I answered him that I would try to interest you for a few minutes upon "Food and Raiment." I had no thought then, nor have I now, of attempting any lengthy or scientific discussion of so broad a subject.

There is a physiological relation between food and clothing that makes it appropriate to consider them together, but when I received a copy of your programme and found that Mrs. Openheimer's subject was Sanitary Cooking, I gladly availed myself of the opportunity to abandon that part of my subject, being certain that she would leave little to be said concerning food that would be profitable to say here.

My purpose, besides, was only to call attention to the prevalent manifestations of ignorance concerning these two subjects (and one will furnish examples enough) to illustrate and make forcible the one thought that I had in mind, that there exists a pressing demand for disseminating those elementary facts and principles with which I have no doubt all who hear me are perfectly familiar—facts and principles that to you are so elementary as to make it almost out of place to refer to them.

I have not time now to prove it, but based upon my observation during the time when I was engaged in the practice of medicine, and trusting to the experience and observation of physicians who are present to corroborate me, I venture to assert that women and children, take one year with another, furnish three fourths of all the business done by physicians engaged in the

general practice of medicine in the State of Indiana.

I venture to make another assertion, trusting to your observation when you think of it to corroborate me, that not less than one half the sickness among women and children is produced directly and indirectly by changes in temperature and exposure to low temperature, and might be prevented by proper clothing.

If these assertions are true, and I have not the slightest doubt that they are not only true but less than the truth, they are sufficiently startling to arrest attention.

Consider for a moment a few elementary facts. The temperature of the human body does not in health vary to exceed 1.5° above or 0.5° below 98° F. This temperature depends upon internal processes—upon the changes going on in the body. By observation and direct experiment it has been ascertained that the extreme limit consistent with life is 9° above and 15° below 98° . That is, 83° is the lowest possible temperature to which the animal heat can be reduced consistent with animal life. In connection with this consider also the fact that during more than half of every year the temperature in this climate ranges from 40° to 100° lower than the lowest temperature consistent with life, and from 50° to more than 120° lower than the lowest temperature consistent with health—that often there is in twenty-four hours a variation in the temperature of from 20° to 50° —and some idea will be obtained of the enormous draft and strain upon the calorific processes of the animal body. With the thermometer at zero or below, animal heat must be kept up to and can not (and healthy action be maintained) be reduced below 97.5° . Between this temperature and the temperature at which life will cease there is only 14.5° .

The heat of the body, like the heat of a room, can only be produced by combustion. Something must be consumed. In heating your dwellings the thing to be desired, in the interest of economy, is to maintain the requisite temperature by the consumption of as little fuel as possible; first, because fuel is expensive; second, because the wear and tear upon your heating apparatus is less. This can only be accomplished by retaining the heat when produced. Your houses and public buildings are or should be constructed with this object in view.

So it is important in maintaining the normal temperature of the body to do so with as little strain as possible upon the vital proc-

esses. It is not only required that there should be sufficient fuel, in the shape of good food, but that the heat produced should not be wasted, at once we have reached the conclusion that clothing as well as food is physiologically a necessity, as well as for ornamentation and to hide the surface of the body.

Insufficient clothing must necessarily result in great waste of animal heat. And notwithstanding this waste may be compensated for by an abundant supply of good food, still there will be an increased draft upon the calorific processes. The greater the waste the greater the draft, and when a certain point is reached, or if the draft be long continued, the time will come when, every available material will be seized upon for consumption to keep up the temperature. Nutrition that should be appropriated to the restoration of tissues will be diverted from this and consumed by the calorific processes.

The animal heat will be kept up, no difference how great the cost or what the sacrifice demands of other vital processes. After a time the tissues and organs, weakened by the strain and exhausted by the draft, will succumb, and disease will be the result.

The struggle may be protracted more or less, according to the physical powers of the individual, but in the end the result will be the same. When I see the evidences of such a physiological struggle going on—and examples are all about us every day—I am reminded of occasional accounts of accidents incident to our Northern snow-storms. A family snowed in consume all their fuel, then burn their chairs, tables, bedsteads, and even the wood from the walls of their house, and when every thing that can be converted into heat is gone, succumb and are found dead with the evidences of their struggle all about them.

The physiological struggle going on in the bodies of each of hundreds of individuals in the State to-day against the depressing influences of low temperature is the same. It may not be so plainly visible, but is not less real, and if continued will be not less disastrous.

Now make a comparison, if you have knowledge of the facts sufficient to do so, of the clothing worn by women and children and men's clothing, and then, whether you have made any observations concerning the amount of sickness or not, tell me if you are not forced to conclude that I have asserted, concerning the sickness among

women and children, no more than might reasonably be expected to be the truth.

If you have never done so, the next time you visit a Sabbath school observe how the members of the infant class are dressed. You may find that they have on clothing enough if it was properly constructed and distributed. Generally, you will find almost all of it about the shoulders. Little girls will have skirts coming down to their knees, and little else but skirts. Below their knees to their ankles often nothing but thin (thick their mothers would say) woolen stockings, then a pair of shoes, and possibly over these a pair of Arctic overshoes. The sight would be ludicrous if it was not so sorrowful! From their ankles to their hips there is almost nothing that is of any value to prevent the waste of animal heat. Skirts hung about their hips are of no value whatever for this purpose. They are all very well and right for ornamentation. Little boys, until they are four or five years old, are dressed in almost the same absurd style, with nothing on their lower limbs below their knees but woolen stockings.

If these children stand it through and escape with their lives until about that age there is a change. The boy has heavy woolen underclothing and stockings. He gets his first pair of boots and a heavy pair of pants that come down to his instep, together with vest, coat, and overcoat, and altogether he is in a very comfortable condition. But how about the little girls? Visit the day schools and Sabbath schools, stand on the street corners and observe the little girls that are from five to twelve years old, children of rich and poor alike, as they pass. Then give me your judgment about how many of these little ones, that are to be the future wives and mothers, will ever reach womanhood free from disease.

And do you ask me why this condition of things exists? The only charitable conclusion is that their parents do not know any better. To come to any other conclusion would be to charge them with a most unnatural crime.

But how about the mothers themselves; how are they dressed? If I was on the witness-stand in court the law would not allow me to reveal secrets that have come into my possession in the course of my professional business, and the proprieties of this occasion forbid my giving an inventory of a lady's wardrobe, although it might be profitable to do so. But to those who are inter-

ested and do not know, let me tell you how to make a comparison that will very nearly show the difference between the clothing of a lady and that of a gentleman as they are ordinarily dressed. Call on one of your dry-goods merchants, when the thermometer is down about zero, and ask him to show material of the heaviest woolen fabric for a lady's dress. Get a piece of it for a sample and lay it away. On the following summer, when the thermometer stands ninety in the shade, call on your merchant tailor and ask him to show you his lightest woolen fabric for gents' summer wear. Get a piece of that for a sample and take it home and compare it with the other. Let me tell you what you will find. You will find the fabric for light summer for gentlemen much heavier than the fabric for heavy winter wear for ladies.

If you are not entirely satisfied by the comparison, try this: Call at some general furnishing establishment and ask to see a suit of ladies' heavy underclothing; then ask to see a suit of gent's heavy underclothing. Place them side by side, and my word for it the comparison, if you have never thought of it before, will set you to thinking.

It was a frequent occurrence, when I was engaged in the practice of medicine, to find a lady patient dressed in the middle of the winter, and thinking herself amply dressed, too, in no heavier clothing than her husband was accustomed to wear in the middle of the summer. When attention was called to it the answer was almost certain to be, "Why, Doctor, I am not cold, I am perfectly warm," and that was true, I have no doubt.

It is possible for you to build such a fire in your stove that you can keep the windows and doors of your room all open, and not suffer from cold, but you are almost certain to ruin your stove. Being perfectly warm is not always an indication that you have on sufficient clothing.

Want of information is at the bottom of all this, and is sufficient to justify us in asking the State Board of Health to devise some plan and lead the way in an effort to instruct those who have passed beyond the reach of the common schools into practical life, and who have never had an opportunity to be informed concerning those elementary facts and principles, a knowledge of which is so essential to the preservation of health, and thus, indirectly, at least, of so much consequence to the State.

INDIANAPOLIS, IND.

Miscellany.

BETHESDA WATER.—We desire to call the attention of our readers to this unrivaled mineral water, the advertisement of which may be found in this issue on adv. page 10. The water has been known for now some sixteen years as a valuable accessory in the treatment of various disorders of the genito-urinary apparatus. Drs. E. L. Keys; New York, William Fox, Milwaukee, Wis., C. D. Parke, Selma, Ala., E. R. Palmer, Louisville, Ky., and L. C. Locke, Dallas, Texas, with many other physicians of high professional standing, bear ample testimony to its therapeutic worth.

Under its present management Bethesda has been made a watering place of the first rank, and during the summer months the sick will find no better place of sojourn than Waukesha. Accommodations are ample, the air is pure and invigorating, the scenery beautiful and inspiring, and the water, a cool delicious beverage, has medicinal properties which have restored the health or prolonged the lives of many who were supposed to be hopeless invalids.

ILLINOIS STATE BOARD OF HEALTH.—The regular quarterly meeting of the Illinois State Board of Health, will be held at the Grand Pacific Hotel in Chicago, beginning Thursday, April 17th.

At this session candidates for certificates will be examined, both non-graduates, who must undergo an examination upon their preliminary education as well as in the usual branches of medical study, and also graduates of colleges which have not fully complied with the schedule of minimum requirements adopted by the board in 1880, and in force from and after the session of 1882-83.

HYGIENE IN ISRAEL.—We are indebted to Dr. J. Solis Cohen for a careful translation of the directions given in Leviticus (chap. xiv) for dealing with infected places, which is interesting reading in comparison with some of the modern views on the same subject:

"When you shall come into the land of Canaan, which I have given you for a possession, and it happen that I should put the plague of leprosy* on a house of the land of your possession, the owner of the house shall report to the priest, Something like a plague has appeared in my house.

*Leprosy here is a general term to indicate infectious disease, not necessarily *lepra*.

"The priest shall order the house to be emptied of its contents before he comes to look at the plague, in order that these may not be rendered unclean.† After that, he shall visit the house; if he finds that there is a plague in the walls of the house, as shown by sunken places, greenish or reddish, the discolorations appearing to be below the general level of the wall (that is, in the stone?), he shall leave the house, and see that it is shut up for seven days. On the seventh day he shall return and re-examine the premises. Should the plague have spread in the walls of the house, the priest shall order all the infected stones to be removed, and they shall be cast on an unclean place *beyond* the limits of the city. *The entire interior surfaces of the walls shall be scraped*, and the rubbish shall likewise be cast without the city, on an unclean place. The stones removed shall be replaced by new stones, and the house shall be re-plastered. Then, if the plague return and propagate itself in the house after the stones have been removed, and after the house has been scraped, and after it has been re-plastered, the priest shall come and examine it again, and if he find that the plague has spread in the house, it is a destructive leprosy—the whole house is contaminated. They shall tear the house down; its stones, its timbers, and all its plaster, *every thing shall be cast out beyond the city*, on an unclean place.

"If any one should enter the house during the time that it is shut up, he will be contaminated until evening.‡

"Whoever eats in the house shall wash his clothing; whoever lies down in the house shall wash his clothing.

"If, after the house has been re-plastered, the priest should find that the plague does not reappear, he shall pronounce the house clean; the leprosy is healed." In other words, disinfection is complete.—*Philadelphia Polyclinic*.

PROF. S. D. GROSS, of Philadelphia, has been invited by the University of Edinburgh, Scotland, to accept the Honorary degree of Doctor of Laws from that University at the celebration of the tercentenary of its foundation, which takes place April 17th.

†Religiously so, by his dictum; depriving the family unnecessarily of their clothing, household utensils, etc.

‡For those who were unclean (*Tameh*) "until evening" certain rules of purification existed, which had to be carried out before they could be restored to the society of family and friends. Except for this limitation, "until evening," their isolation would have no definite termination. Hence the restriction.

BACILLUS OF CHOLERA.—The substance of Dr. Koch's fifth report, dated Calcutta, January 7th, is to the following effect: After expressing his thanks for the way in which the Commission had been received by the medical authorities at Calcutta, Dr. Koch states that he and his associates have had an opportunity of making post-mortem examinations of nine cholera subjects, in all of whom they found the same bacilli as they discovered at Alexandria. They isolated them, cultivated them in gelatine, and observed in them certain characteristic features which enable them to differentiate them with certainty from similar forms of bacillus. Dr. Koch has also been able to identify the specific bacillus in the evacuations of living cholera patients. His next step was to examine the intestines of patients who had died from other diseases, as pneumonia, dysentery, phthisis, and Bright's disease, for the same bacillus, and in each case without success. He also examined the dead bodies of animals and other substances swarming with bacteria, but in none was the specific bacillus to be found.—*Medical Times and Gazette.*

In the course of a recent discussion in the Prussian House of Representatives on the Nursing Sisterhoods, Prof. Virchow paid a compliment to England which ought not to pass unnoticed. "As a matter of fact," he said, "a satisfactory organization for the care of the sick has only been as yet devised in one country, where it has been taken up with such a strong bent as to carry it far beyond anything that Catholic sick-nursing has so far attained to, where, in fact, the devotion even of the upper classes has been such that nothing that the Catholic Church has provided can be in any way compared to it. (Laughter from the Catholic party.) Gentlemen, can you point to a place in which the Catholic Church has done what is done in London, where a succession of members of the aristocracy go as nurses into the houses of the sick poor? I have always held that this is a matter in which we may all leave our religion at home, and work together simply as fellow-men."—*Ibid.*

AUVARD'S "NEST."—Dr. Mathews Duncan exhibited Wednesday, February 6th, before the Obstetrical Society of London, the "nest" or "incubator" of Dr. Auvard. A similar machine had been used for some years in the Paris Maternité by Dr. Tarnier, but upon this Dr. Auvard's was an improve-

ment. It was planned to maintain a uniform temperature.—It was simple, cheap, and useful. Dr. Auvard stated that by its use the mortality of children under two thousand grams weight at birth had been reduced from sixty-five per cent to thirty-eight per cent. The child was placed in it clothed. The machine was kept warm by hot-water bottles, the air moistened by passing over damp sponges, and ventilation kept up and watched by a little anemometer. Any ordinary nurse could easily manage the whole matter.—*Ibid.*

CRETINISM.—A conscription of idiots and cretins is about to take place in Hungary, under Government supervision, with the object of ascertaining more exactly what proportion the number of cases bears to the population of the country, and also to the number of asylums or other institutions provided for their care. The opportunity will not be lost for making further investigations into the true nature of the complex condition known as cretinism, and it may be confidently anticipated that the curious connection between disease or removal of the thyroid gland, myxedema, and sporadic cretinism, which has of late been clearly recognized, will be still further illustrated and explained when a larger amount of material, and especially of cases of endemic cretinism, are available for study.—*Ex.*

LADY MEDICAL STUDENTS.—At the present time there are forty-five lady medical students in Paris, the great majority of whom are Slavs. At Liege the number has increased this year from five to twenty-six. In Switzerland there are sixty-eight—viz., seven at Geneva, thirty-three at Zurich, and twenty-eight at Bern; none studying at the Basle Faculty. Pretty well received in France, and thought but little of in Switzerland, lady medical students at St. Petersburg, if not actually imprisoned, are compelled to board in a kind of barrack, under the superintendence of the authorities; so that it is not surprising that whenever they can, these medical aspirants resort to Paris, where they meet with a more liberal hospitality.—*Medical Times and Gazette.*

A TYPICAL case of hydrophobia, fatal, of course, following the bite of a cat, is reported by H. H. Clutton, M. B., F. R. C. S. The patient was a woman aged forty-three years. The cat had been bitten by a mad dog.

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H. A. COTTELL, M. D., - - - - - Editor.

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MISERABLE SHIP SURGEONS.

The deplorable state of the medical service on shipboard is just now a matter of comment with many of our American contemporaries. The subject has for several years been thoroughly canvassed in the British medical and secular press through the efforts of Dr. J. A. Irwin, a retired marine surgeon, and a state of affairs has been shown to exist which is a disgrace to the service and a reproach to our profession.

In a pamphlet recently received, the foreign discussion of the question is passed in full review, and we find among abundant press comments a letter written by Dr. Irwin to the British Medical Journal, which tells a sad story of the lives led by those unhappy mortals who serve as surgeons on shipboard. Dr. Irwin says:

"It were well to bear in mind that we have not one 'marine service,' but perhaps *fifty*, in almost all of which customs and conditions of service vary in almost every degree. With two or three of the best companies there is comparatively little cause for complaint; and these may be known by the fact that they retain suitable surgeons in some instances during many years. Others, which from a public point of view are little less important, combine so many objections that the most unfortunate specimens of our profession can scarce be induced to engage for a second voyage."

Neither Passenger Act nor Board of Trade defines in any way either the duties, responsibilities, status, salary, or accommodation of the ship surgeon. Each office, and in some instances even each ship, and usually *post facto*, formulates its own laws; and hence every parvenu in shipping may "save an honest (?) shilling" by playing shuttlecock with the lives of passengers, and placing indignities upon members of our profession.

The ship's surgeon, though usually on a level with the steward, cook, and carpenter, in the matter of salary, is frequently compelled to submit to indignities which these officials would not brook; as, for example:

In the latest addition to a splendid fleet, carrying annually its thousands upon thousands, and patronized even by royalty, the surgeon's room measures five feet eleven inches by five feet three inches, is without any window or port-hole, and is situated below in a narrow athwart-ship passage, the door being opposite to and within thirty inches of the door of the passengers' water-closets. Every thing else on this vessel is magnificent to a degree. The saloon, to seat about two hundred, is gorgeous and in perfect taste; the steerages, for about two thousand, exceed the requirements of the law; the captain is allotted two fine rooms, in one of which alone probably twenty persons could sit with comfort; yet for the surgeon, who has sole charge of the health of these persons, and on whose skill any one of them may depend for his life, this wretched hole, absolutely useless for any other purpose except a clothes-press, or, perhaps, another water-closet, is deemed sufficiently good. Yet, not two years ago, this ship was visited and admired by half Liverpool, pictured and praised by half the papers of England. On this same line the surgeon is paid £9 for each month that he has conducted himself to the satisfaction of those placed over him; but he is obliged to sign the "articles," or contract between employer and employed, at the rate of one shilling per month, which is, therefore, all that he can legally claim, while the remaining £8 19s. is held over his head as a security for his good behavior. This principle is applied to no other member of the crew except the surgeon, unmistakably implying that his employers regard him as the most untrustworthy and probably ill-conducted man on board their ship. How do they reconcile this view with the responsibility they place upon him in the charge of over two thousand lives? In connection with this part of the subject it is worthy of note that while the ocean passenger trade is constantly becoming more enormous, and every thing else connected with it is advancing at a proportionate rate, all that pertains to the surgeon is steadily becoming worse. Such rooms as I have described could not have been found and

would not have been tolerated fifteen or twenty years ago. Then the surgeon's salary was at the rate of £200 or £250 per annum, besides perquisites which no longer exist; now the highest wages (paid by very few lines) are £10 per month. Formerly, on all good lines, the surgeon had his special servant; now this is every where abolished. The surgeon usually "takes his share" of an "officer's boy" or "mess-room steward," dispenses unaided, washes his own pestle and mortar, and not unfrequently finds it less trouble and annoyance to carry the medicine to his patients than to search for some stray steward who may, when found, incline toward impudence at being called upon to do "what is none of his business." And all this, while the duties to be performed are so immensely more important to the public, and proportionately more laborious.

Dr. Irwin further shows that, in consequence of the immense and increasing numbers who emigrate from the United Kingdom yearly, a ship often contains more sick persons than one surgeon can properly attend, and that in his failure to procure adequate assistance from the ship's officers or servants, many passengers are made to suffer unduly, or may even die, for want of proper treatment.

The picture presented during the earlier part of the voyage in a crowded ship, when men, women, and children are in the qualms of sea-sickness, with one young, inexperienced, poor, slighted, abused, overworked, medical man (his own consultant, druggist, and steward) vainly struggling against overwhelming odds to do his duty by the sufferers, is pitiable beyond thought, and it seems strange that in this age of organized philanthropic effort, some society has not been established for the prevention of cruelty to ship surgeons.

The writer next takes up the question of marine statistics so far as mortality among passengers is concerned. He says:

Few, if any, ships are furnished with proper ventilating apparatus or other sanitary appliances; and the master, who is generally wanting in the requisite knowledge, being the only responsible sanitary authority, there is very commonly a neglect of sanitary precautions throughout the voyage.

Dependent upon these causes, *there is among passengers a much larger amount of sickness and a far higher mortality than is justified by the necessities of transit.*

In estimating sea mortality he maintains that the death-rate among Atlantic passengers should not be compared with the contemporaneous death-rate of persons living on land.

Emigrants are, *a priori*, a healthy and hopeful people—the picked of the population whence they come. There are among them a much smaller proportion of aged persons, children, and infants, than among the stationary population. Of the entire number leaving England for America during 1881, less than one fifth were under twelve years of age. And lastly, on the day of embarkation, or the day previously—that is, in all fatal cases, within ten or twelve days of death—they are subjected to three distinct medical examinations, *and passed as healthy*. Balancing opposing causes (such as excitement at parting from friends, inebriety, railway traveling previous to going aboard, disturbance of the regular condition of life, sea-sickness, defective ventilation, improper food, rough cooking, etc.), I unhesitatingly express my opinion that the conditions above stated are by far the more weighty, and therefore, that if the death-rate among Atlantic passengers approaches the ordinary death-rate on land, there must be something wrong which can and ought to be corrected.

Now to glance at statistics. When worked out, the figures quoted from the high authority of Dr. Turner, Medical Director of the U. S. Navy, show that during the ten years ending December, 1880, the mortality among Atlantic passengers was at the rate of 44.6 per 1,000 *per annum*; that, on fifteen particular ships during 1880, it was at the rate of 70.6 per 1,000 *per annum*, or one death occurred among every four hundred and two passengers; while one ship, carrying 1,331 emigrants during the same year, lost one for every one hundred and one conveyed across. But these statistics, being formed from all European vessels carrying emigrants to New York, may be discredited as applying to British vessels. Not so the return just issued for 1881 by our own Statistical Department (the first ever prepared on the subject in England), and ordered to be printed by the House of Commons. From it may be learned the startling fact, that of 315,850 persons, who during 1881 embarked on English ships for North America, one hundred and eighty-five died in transit.

[Here follows a table showing the number of deaths to the number of passengers embarked on some of the better lines of British ships. They range from 1 in 3,313 up to 1 in 509.]

Not included in this rate are the deaths of ten infants, born during the voyage, and of fourteen members of the crews, besides seventeen others composed of passengers and crew, who were drowned or committed suicide. It should also be

borne in mind, that if such large numbers died during the short transatlantic passage, and so recently after being passed as healthy, it is almost certain that many others were landed in a dying condition, or died soon after landing from the effects of the voyage. In comment, I will merely observe that those conversant with the characters of these lines for liberality to their passengers, and such treatment of their surgeons as retains the services of the most experienced men, can not fail to be struck by how closely the order of the list bears out the substance of my argument.

From the foregoing it will be seen that Dr. Irwin is dealing with abuses which call loudly for reform, and that some effective remedy for the evil should be devised without delay. The scheme of reform as proposed by the writer is to "force the matter upon the attention of the Governments of Great Britain and the United States, with the view of having the surgeons of all ships carrying any considerable number of passengers independent and dependable Government officials."

We trust that for the sake of the poor passenger, whose health and life on ship-board is endangered through disregard of hygienic measures and insufficient medical attention, that our Government will immediately do its part in this matter. As for the surgeon, though an object of pity, we can not afford to waste any store of sentiment upon him, for it seems to us that no young doctor with self respect and a proper sense of the worth of his calling would think of going to sea in a capacity which, while it may subject him to as much abuse as is put upon the boy before the mast, gives him less dignity than is accorded to the ship's cook.

In times not beyond the memory of the older tars, when a storm arose and every man was needed at the rigging, the captain would shout, "All hands and the cook, on deck!" In these days, under the same pressing need, the cry would be, "All hands and the surgeon, on deck!" *O tempora! O mores!*

THE British Medical Association numbers more than ten thousand members.

RECENT CHANGES IN THE FACULTY OF THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF LOUISVILLE.—At a meeting of the Board of Trustees on Tuesday, the 1st inst., Prof. J. W. Holland was transferred from the chair of Materia Medica and Therapeutics to the chair of Theory and Practice made vacant by the death of Prof. L. P. Yandell, and the chair of Materia Medica and Therapeutics was tendered to Prof. Turner Anderson, of the Kentucky School of Medicine, long known as a leading practitioner and an able medical teacher.

At a former meeting of the board (February 25th), Dr. H. A. Cottell was elected to the Professorship of Medical Chemistry and Microscopy. These appointments were made upon the unanimous recommendation of the faculty.

DR. J. M. TAYLOR, in Mississippi Medical Monthly, reports a case in which the eating of the buds and bark of a twig from a peach-tree was speedily followed by a free action of the bowels, during which a tapeworm, upon which other remedies had been tried without satisfactory results, came away entire. He is in doubt as to whether the result should be attributed to the peach-bark or to coincidence, and invites further observation in this direction. The patient was a child eighteen months old.

DR. DIDAMA, the newly-elected President of the New York State Medical Association, the new society which in February was organized under the old code, is accused of having consulted regularly with homeopaths by an Eastern journal. We shall believe that this is a mistake until the defense confesses judgment or the prosecution proves the point.

THE College of Pharmacy of the City of New York held its fifty-fourth annual commencement on the 18th instant, and the degree of Ph. G. was conferred on seventy-four gentlemen.

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THE annual "output" of new graduates this year is estimated at something over four thousand. This will furnish plenty of material for the Board of Health "Spelling School," says the Peoria Medical Monthly.

Medical Societies.

SANITARY COUNCIL.

The third semi-annual meeting of the Kentucky State Sanitary Council (under the auspices of the State Board of Health) was held at Bardstown, Ky., on Wednesday and Thursday, March 26th and 27th.

The members were well received by the local profession and citizens. The meeting was largely attended and the proceedings were of such a character as to give impetus to the public health movement.

The first session was held on Wednesday night, in the court-house. Dr. Alex. Crawford, of Bardstown, Chairman of the Committee Arrangements, delivered an address of welcome to the delegates, which was answered in appropriate terms by the President of the Council, Dr. J. A. Dixon, of Burkesville. Following these addresses was an able paper on "Foods as Causes of Certain Classes of Diseases," by Dr. D. S. Reynolds, of Louisville. This paper gave rise to an animated discussion which lasted till the end of the session.

At the second session, Thursday morning: "Hygiene of Small Towns," by C. F. Troutman, Esq., was the first paper called.

In the absence of Mr. Troutman the paper was read by title, the discussion being led by the Secretary, Dr. J. N. McCormack, who handled the subject with characteristic skill, evincing perfect familiarity with the question. Drs. Reynolds, Holland, Harwood, Rodman, Caldwell, and Prof. Eddy participated in the discussion.

The following papers were read by title: Prevention of Contagious and Infectious Diseases, by Dr. P. C. Sutphin, of Canmer; Physical and other Dangers of Alcohol, by Dr. A. C. Wood, Owensboro; Evils of Tobacco, by Dr. R. M. Alexander, of Burkesville.

The last topic of this session was Bacillus Tuberculosis, by Dr. J. W. Holland. The speaker viewed the subject from a hygienic standpoint, and brought forward certain clinical observations which give much weight to the theory that phthisis may be transmitted from person to person through the medium of the sputum. This fact once proved, the management of phthisis becomes a hygienic question of the first importance, since no disease is so universally prevalent and fatal as consumption.

Dr. Holland made some practical suggestions as to the avoidance of close per-

sonal contact between the healthy and phthisical patients, ventilation of apartments where such patients are treated, destruction of the sputum, etc. Among the evidences of the contagiousness of the disease the speaker called attention to a series of significant clinical observations upon this point made by Dr. E. J. Kempf, of Ferdinand, Ind. These observations are embodied in a paper on the "Contagiousness of Phthisis," published in the Louisville Medical News, March 22, 1884.

Third session, Thursday afternoon: The first topic was Care of the Sick During Convalescence, by P. H. J. Greenwell, of Bardstown. In the speaker's opinion the medical profession does not as a rule give sufficient thought to the hygiene of convalescence, care for the case in most instances ending with the doctor's last visit. The paper gave rise to a general discussion.

The second topic was The Hygiene of Common Schools, by Prof. W. J. McConathy, of Louisville. The speaker's views were matured by long experience, and his paper will doubtless prove to be a document of great value to the superintendent of public instruction.

Prof. Tanner, of the Louisville Polytechnic, closed the afternoon session with a lecture, illustrated by experiments designed to show the facts of food adulterations and the means of detecting them. According to his statement, there is no article of food susceptible of it, some samples of which are not adulterated.

Third session, Thursday evening: The time was devoted to the reading and discussion of a paper on the Relation of the Press to Sanitary Reform, by Col. George Baber, editor of the Louisville Sunday Argus. This address was marked by great earnestness of sentiment and elegance of diction. Col. Baber was elected by a unanimous vote President of the Council for the ensuing six months, and in accepting the office pledged to the sanitary movement his own hearty support and that of the press of Kentucky.

The exercises of the evening, according to the programme, should have been closed by the paper of Dr. C. W. Crist, of Shepherdsville, on The Disposal of the Dead. Within a week of this meeting Dr. Crist's death was announced. His friends, who have been called to mourn his sudden demise, were startled on reading title of his proposed paper to see what subject must have engaged his latest thought.

Selections.

DISORDERS OF SLEEP IN SYPHILIS.—There are two antagonistic disorders of sleep, either of which may occur in cerebral syphilis, but which have only been present in a small proportion of the cases that I have seen. Insomnia is more apt to be troublesome in the prodromic than in the later stages, and is only of significance when combined with other more characteristic symptoms. A peculiar somnolence is of much more determinate import. This may occur in non-specific lepto-meningitis, and in states of altered brain nutrition from senile or other degenerations of the walls of the cerebral vessels, and is therefore not pathognomonic of cerebral syphilis, yet of all the single phenomena of the latter disease it is the most characteristic. Its absence is of no import in the theory of an individual case.

As I have seen it, it occurs in two forms: In the one variety the patient sits all day long or lies in bed in a state of semi-stupor, indifferent to every thing, but capable of being aroused, answering questions slowly, imperfectly, and without complaint, but in an instant dropping off again into his quietude. In the other variety the sufferer may still be able to work, but often falls asleep while at his tasks, and especially toward evening has an irresistible desire to slumber, which leads him to pass, it may be, half of his time in sleep. This state of partial sleep may precede that of the more continuous stupor, or may pass off when an attack of hemiplegia seems to divert the symptoms. The mental phenomena in the more severe cases of somnolency are peculiar. The patient can be aroused, indeed in many instances he exists in a state of torpor rather than of sleep; when stirred up he thinks with extreme slowness, and may appear to have a form of aphasia; yet at intervals he may be endowed with a peculiar automatic activity, especially at night. Getting out of bed, wandering aimlessly and seemingly without knowledge of where he is, and unable to find his own bed, passing his excretions in a corner of the room, or in other similar place, not because he is unable to control his bladder and bowels, but because he believes that he is in a proper place for such act—he seems a restless automaton rather than a man.

Apathy and indifference are the characteristics of this state, and yet the patient will

sometimes show excessive irritability when aroused, and will at other periods complain bitterly of pain in his head, or will groan as though suffering severely in the midst of his stupor, at a time, too, when he is not able to recognize the seat of the pain. I have seen a man with a vacant apathetic face, almost complete aphasia, persistent heaviness and stupor, arouse himself when the stir in the ward told him that the attending physician was present, and come forward in a dazed, highly pathetic manner, by signs and broken utterance begging for something to relieve his head. Huebner speaks of cases in which the irritability was such that the patient fought vigorously when aroused; this I have not seen.

This somnolent condition may last many weeks. Dr. T. Buzzard details the case of a man who, after a specific hemiplegia, lay silent and somnolent for a month, and yet finally recovered so completely as to win a rowing match on the Thames.

In its excessive development, syphilitic stupor puts on the symptoms of advanced brain softening, to which it is indeed often due. Of the two cases with fatal result of which I have notes, one at the autopsy was found to have symmetrical purulent breaking down of the anterior cerebral lobes; the other, softening of the right frontal and temporal lobes due to pressure of a gummatous tumor, and ending in a fatal apoplexy.

This close connection with cerebral softening explains the clinical fact that apoplectic hemorrhage is very apt to end the life in these cases of somnolent syphilis. Dr. Buzzard's case, given above, and others which might be cited prove, however, that a prolonged deep stupor in persons suffering from cerebral syphilis does prove the existence of extensive brain softening, and is not incompatible with subsequent complete recovery. As an element of prognosis it is of serious but not of fatal import.—*Dr. H. C. Wood, in the Maryland Medical Journal.*

TWO CASES OF SUPPURATIVE NEPHRITIS. Dr. W. E. Hughes presented to the Philadelphia Pathological Society two cases of suppurative nephritis. (Maryland Medical Journal.) In both of these cases the kidney lesion had been preceded by cystitis, in one of some months standing, in the other of more recent origin. In both of them there was a history of gonorrhea, and in one well-marked symptoms of stricture of the urethra; in this case the cystitis seemed to have been originated by septic matter

carried into the bladder on a catheter, although a tendency to inflammation had most likely been developed by the long standing stricture. In one case the kidney lesion may have originated in emboli derived from a suppurating surface, though this is unlikely, from the fact that no such emboli were found elsewhere.

CASE I. A man, aged fifty-five years, had locomotor ataxia for years. He had a gonorrhea, but following it no change from the normal in urination, so that it is scarcely probable that there was any stricture of the urethra. Six months ago, as the result of exposure, cystitis developed with the usual signs of frequent passage of urine containing large quantities of mucus and pus; there were no tube-casts and no more albumen than could be accounted for by the pus and corpuscles present. After being under observation about two months, large bed-sores developed over the sacrum and trochanters; they soon induced a septicemic condition which rapidly produced death. At the autopsy the nerve lesions characteristic of locomotor ataxia were shown. The urinary bladder was dilated, its walls thickened, and its inner surface crossed in every direction by bands of hypertrophied muscular tissue, the mucous membrane thickened and slate colored. In the kidneys were numerous cone-shaped masses in which the tissue of the kidney was broken down and infiltrated with pus and the blood-vessels filled with micrococci. The remainder of the kidney tissue appeared healthy. There were no abnormal appearances about the pelvis and ureters.

CASE II. A male, aged seventy-two years, had several attacks of gonorrhea and symptoms of urethral stricture lasting over thirty-two years. The stricture had been dilated several times, but during the six months before he came under observation it had been neglected and had begun to grow troublesome. When first seen his urine was normal, and there were no signs of cystitis. He had been failing in health for some time and was much troubled by a cough. Physical examination showed breaking down of the lung structure at the apices. A few days after coming under observation his nose bled so uncontrollably that it became necessary to plug his posterior nares. Soon after this, his stricture almost preventing the voiding of urine, a catheter was passed into the bladder. The next day he complained much of pain and tenderness in the region of the bladder, and the urine which was

passed every few minutes contained large quantities of blood, pus, and mucus. The acute symptoms were soon relieved, but the urine continued loaded with mucus and pus, in fact it was often so stringy that it was only with the greatest difficulty that he could pass it. It never contained casts nor more albumen than would be expected where there was so much pus and blood. He died two months after he was first seen. The autopsy showed tuberculosis and disintegration of the pulmonary tissue. The kidneys were identical in appearance with those in Case I, with the addition that their pelves contained numerous particles of uric acid. The cavity of the bladder was small, its walls thickened and hypertrophied, the mucous membrane dark red, thickened, softened, and thrown into folds.

Dr. Tyson said the relation of bladder to kidney trouble was, as yet, pretty much guess work, although it is certain that in a prolonged cystic disease suppurative interstitial nephritis will sooner or later arise. But rarely can we state, from an examination of the urine, that renal disease has supervened. He happened, however, now to have under his care two cases of cystitis with renal disease, in which it was comparatively easy to determine the presence of the latter along with the former by reason of the presence of the compound granular cells and fatty tube-casts in addition to pus. The character of the casts pointed rather to tubular nephritis than to the interstitial form, contrary to the ordinary belief with regard to these cases.

THE DANGER OF TURPETH MINERAL AS AN EMETIC.—Chiefly through the influence and very high encomiums of Dr. Fordyce Barker the yellow sulphate of mercury or turpeth mineral has come into very general use as an emetic in croup or threatened croup, and it is now perhaps more employed for this purpose than any other agent of its class. And certainly its effects are very satisfactory, as all must acknowledge who have had experience with it. So convinced was Dr. Barker of its importance and its harmlessness that he advised that powders of it should be kept on hand by families for immediate use upon the first appearance of symptoms without waiting for the arrival of a physician. Experience, however, has been accumulating of late to show that the agent is not so innocent as might appear, and that to intrust it in the manner suggested by Dr. Barker to the control of non-

medical persons is at least of questionable propriety. Drs. N. A. Randolph and A. E. Roussel (Medical News) report five cases in which, although emesis was produced by the second dose, a rather violent diarrhea attended by griping and constitutional depression followed in a few hours. The first stools contained the remedy, showing that notwithstanding the emesis some of it had remained for hours in contact with the intestinal surface. The diarrhea passed away under appropriate treatment. In one of the cases there was severe salivation. The same authors then refer to other cases reported, in which the turpeth mineral has caused dangerous and even fatal results, as two, by Dr. McPhedran, in children, where no emesis occurred, and a similar one in the Medical and Surgical Reporter. Stille gives two fatal cases from poisonous doses in adults, the symptoms produced being those of an irritant mercurial poison. The authors conclude from the facts adduced that other emetics are in general to be preferred, and that so dangerous an agent should not be entrusted to the laity.—*Maryland Medical Journal*.

IS A LIFE ON BOARD SHIP SUITABLE FOR INVALIDS?—Dr. A. Hughes Bennett writes, in the Medical Times and Gazette: It is imagined that if a man is in any way ill or suffering from chronic disease, if his means permit he should be sent a voyage for the restoration of his health. I consider this, in the large majority of cases, to be as erroneous in theory as it is fatal in practice. It can be readily understood that an individual indisposed from overwork, nervous excitement, functional derangement, or other temporary affection, would be greatly benefited by a trip for a few weeks in a yacht or sailing vessel. All he requires for his recovery is change of air, scene, and society, with absence from occupation and care. Or a patient having become convalescent from a fever or acute disease might doubtless by such means be invigorated or even entirely reinstated in his former health. But that any one suffering from chronic disease, or from more than temporary or functional complaints, should make a ship his home for hygienic reasons appears as a rule to be most unsatisfactory, and generally proves most injurious to the condition and well-being of the patient.

The position will be best understood by an example. Let one of those cases specially supposed to derive benefit from a sea-

voyage be taken, namely, one of incipient phthisis pulmonalis. Let every possible advantage be given him, and assume that he is on board a first class ship, supplied with every convenience and comfort, that he has an experienced surgeon to attend him, and wealth to procure every desirable luxury. What is his position? His field of action is limited to a ship. He has at his disposal, or probably shares with one or more other passengers, a cabin about eight feet by six in size, where he sleeps and dresses, and which constitutes his sanctum. This is always so constructed that it is open on all sides in order to have free ventilation, and that the inmates may have as much fresh air as possible. During the voyage the patient is at all times liable to exposure of every kind, to sudden change of temperature and climate, extremes of heat and cold, damp and wet, wind and boisterous weather, sea-sickness, improper quality of food and drink, deficient exercise, etc., without any means of regulating or diminishing the discomfort and misery attendant on all or any of these evils. In cold weather our consumptive has no means of keeping himself warm, and accordingly he is compelled to shut himself up in his cabin. Here he is either subjected to violent draughts, or, if he partly obviate these, he is obliged to breathe a close and contaminated atmosphere. If to avoid this he attempts, well clothed, to go on deck, he suddenly emerges into cold, bleak, damp winds, which will under no circumstances improve the condition of his cough or lungs. In hot weather he is exposed to the opposite extreme, and has no means of keeping himself cool, and, if his vessel be a steamer, the constant heat thrown out all over the ship by the enormous furnaces do not serve to enhance his comfort. This high temperature causes him to perspire freely, to become weak and languid, and to lose his appetite, all of which are of course very injurious to a phthisical patient. In temperate weather he is certainly more comfortable; but equable and agreeable weather for long together is not very common at sea, there being usually a tendency to wind, rain, and other phenomena, which, however bearable by a healthy man, prove very deleterious to the sick or diseased. The patient under these conditions will find it very difficult to avoid damp and wet. On deck this may arise from the constant exhalations from the ocean, from rain, spray, or a sea washing over the deck. If, in order to escape these, he retires to his

cabin, even in the best ships this will probably leak to a certain extent, and if made taut it will be close, damp, and disagreeable. In rough weather, for the same reason, he can not remain "above." "Below" he is miserable. While the ship is "knocking about," he can not walk or otherwise exercise himself; he is probably sick or nauseated, which prevents him taking nourishment for days or even weeks together, and the rolling of the vessel causes him to lose his sleep. It is not necessary to particularize more fully all the petty discomforts on shipboard, such as the shouting and noises at unseasonable hours—if in a steamer the constant vibration of the engines and the horrors of coaling at every port, the working of cargo, washing the decks at 4 A. M. every morning, restless nights due to crying children, occasional storms, and a host of other annoyances and troubles. These often cause an ordinary passenger to realize that the poetical idea of "a life on the ocean wave" has perhaps been somewhat overrated.

Under these circumstances the surgeon is called in. Let us assume him to be skillful and attentive. The means of relief at his command are, however, both limited in quantity and defective in kind. On an emergency, general attendance in the shape of an experienced nurse is wanting. The food must of necessity be more abundant than delicate in quality, and all the little luxuries, and even necessities, which an invalid requires, such as milk, fresh eggs, etc., are always difficult or even impossible to procure. Added to all these discomforts, there is a monotony about a life at sea, a want of employment for both mind and body, which must be greatly to the disadvantage of any patient. He has little or no resources, and of those few at his command he soon wearies. He feels unsettled and uncomfortable, he longs for home faces and comforts, and this *ennui* becomes a serious addition to his already existing malady.

These unfavorable conditions are not peculiar to any vessel or class of vessels, but are inherent and unavoidable in a life at sea, of whatever size, kind, or quality the ship may be. If those enumerated above are a few of the drawbacks attendant upon vessels of the highest class, the position is not improved in those of a second or third-rate order. What it is desired most particularly to point out is, that while all these annoyances and deficiencies may be bearable and even acceptable to the healthy,

they are fatal to the comfort, happiness, and recovery of the sick or diseased.

I only endeavor to record without prejudice what was ascertained by my own personal observation and experience. Having had to treat many cases of pulmonary, cardiac, hepatic, and other diseases on board ship, and consequently having had ample opportunities of appreciating the difficulties attendant thereon, I have to come to the conclusion that patients requiring the usual accompaniments and necessities of the sick-room are entirely out of place at sea, and that those suffering from any serious or organic disease are likely to receive more harm than good in submitting themselves to a ship's discomforts. It will be urged, that many persons have greatly profited, and have even completely recovered, by taking a long sea voyage. It is granted that under certain circumstances, in special climates and temperatures, at selected seasons of the year, some patients may have been benefited; but it is maintained that this is the exception, as prolonged favorable surroundings are unusual on board ship. On the other hand, I have repeatedly seen persons whose symptoms became worse the moment they were exposed to a sea life, and whose premature death on board was, I believe, in great part owing to the peculiar circumstances in which they were placed.

To sum up, I believe that persons suffering from overwork, temporary ailments, and functional diseases, as well as convalescents, may derive benefit from a short trip to sea, in a good climate and at a seasonable time of the year. But I am strongly of opinion that invalids, properly so called, afflicted with organic disease, are in the great majority of cases rather injured than improved by a life on board ship, and that the physician should be very careful in recommending his patient to encounter the hardships of the sea.

FORCED RESPIRATION IN PHTHISIS.—Dr. J. Solis Cohen has been favored by his friend, Dr. John C. Berry, of Okayama, with the following summary of an article on Forced Respiration, by Dr. Kashimura Seitoku, of Tokiyo, from the *Koi Geppo*:

Reference is first made to the prevalence of the disease in Japan (twenty-four per cent of all the deaths being due to consumption of the lungs); on the importance of treating the disease early ("beneficial effects only following early treatment"), and the uselessness of much of the treatment

now generally advised. "Creasote, benzoate of soda, salicylate of soda, etc., are all quite useless," "while cod-liver oil and malt, iron and malt, and tonics generally, are of little or no use."

"The plan I propose requires no medicines, no apparatus, no money, no physician, no nurse." . . . "It is simply to observe forced respiration twice daily, breathing about one hundred times at each exercise, and compressing and expanding the chest walls, after the method of Gerhart." During this exercise, the arm corresponding to the sound lung should be pressed against its side, while that corresponding to the side of the diseased lung should be extended high above the head during respiration, and lowered and pressed firmly against the side and front of the chest during expiration."

"Instead of the above, the author first adopted the plan of having the patient swing heavy weights, but as this frequently gave rise to hemorrhage it was abandoned for the more moderate and efficient exercise above referred to. The swinging of weights, however, is thought to possess advantages, if not too vigorously observed."

"In contraction of the lung from pleuritis, the position in sleep should be on the well side—the diseased lung thus being placed uppermost in order to admit the air freely."

Two illustrative cases are then given.—*Philadelphia Polyclinic.*

FAT EMBOLISM AS CAUSE OF SUDDEN DEATH DURING THE ADMINISTRATION OF CHLOROFORM.—A case of sudden death during chloroform narcosis in the service of a Berlin hospital emphasizes a possible cause of death complicating the risks of this anesthetic, which must seriously add to the already sufficient perplexities of the surgeon. A stout laboring man was chloroformed for the purpose of treating a fracture of the neck of the femur. After inhalation of three drams and before yielding fully to the drug the patient suddenly ceased to breathe, the heart also almost immediately ceased to beat. All attempts to re-establish the respiration failed. At the post mortem it was found that the lung capillaries were filled with fat globules, thus being rendered impermeable to the blood.

The subject of fat embolism has already been treated of in this journal in connection with the internal dyspnea sometimes appearing as a fatal symptom in diabetes. The blood in diabetic patients sometimes con-

tains an unusual amount of fat. In the cases of deep, double dyspnea and coma ending fatally, there has been found this lipemic condition generally, while the minute pulmonary vessels and capillaries, and to a less extent those of the kidneys and other organs, contain fat emboli. Extensive contusions of the subcutaneous fatty tissue, or fractures of the articular extremities of bones, through direct absorption of the liquid fat set free, may give rise to embolism.

It is an interesting question how far the presence of chloroform or ether in the blood may facilitate this absorption of fat and thereby cause sudden death independent of any toxic action, such as is generally inferred.—*St. Louis Courier of Medicine.*

CONIUM IN MALARIAL DISEASE.—Richard C. Newton states that he has frequently used the following prescription in the treatment of malarial disease:

R Ext. conii fl. 3x;
Ferri peroxid. 3ij;
Sp'ts vin. Gal. 3iss;
Quin. sulph. 3ss;
Syr. simp. 3ij;
Ol. menth. pip. 3ij.

M. Sig: One dram every four hours; then every two hours for two or three doses; then every four hours.

To children it has been given very successfully, by doubling the amount of syrup.

He says the prescription was given him by Mr. F. O. Vaille, of Denver, Col., who had it from his father, the late Dr. Vaille, of Springfield, Mass. The remedy has a high degree of local popularity as "Vaille's medicine." Dr. Newton finds it "a mild laxative, diaphoretic and tonic. Its quieting and soothing effects differ widely from the disturbance often occasioned by quinine." He regards it as a safer remedy than Warburg's tincture.—*Medical Record.*

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department, U.S.A., from March 23, 1884, to March 29, 1884.

Hammond, John F., Colonel and Surgeon, now in New York City on sick leave of absence, will after the expiration of his sick leave, await orders in that city. (Par. 8, S. O. 70, A. G. O., March 26, 1884.) *Gandy, Charles M.*, First Lieutenant and Assistant Surgeon assigned to duty at Fort Brady, Mich., as First Surgeon. (Par. 6, S. O. 56, Hdq'r's Dept. of the East, March 22, 1884.)